Benefit Guideline: Personal Emergency Response System (PERS)

Service: Personal Emergency Response System (PERS)
Effective: 1/1/2019-12/31/2019

Products: Medica DUAL Solution® (Minnesota Senior Health Options, or MSHO)

Re-Admission Prevention Benefits Defined
Personal Emergency Response System (PERS) service immediately following a hospitalization.

Covered Services
This benefit is up to 180 days Personal Emergency Response System (PERS) service immediately following a hospitalization for members not eligible for Elderly Waiver services. This benefit is limited to one PERS service per year.

Note: This benefit does not apply in the following circumstances:

- Members who are already PERS.
- Members requesting items beyond the allotted benefit.
- Member is on the Elderly Waiver

Process
- Provider must be registered or enrolled with State of Minnesota.
- Provider must be willing to bill Medica electronically on 1500 claim form. If the provider has questions on the billing process, refer them to Medica Provider Service (1-800-458-5512).
- Care Coordinator will need to submit a Referral Request to Medica listing the following information:
  - Service/Item Description
  - Provider name
  - Units (hrs./days/weeks/months)
  - Cost
  - Start/End Date
  - Note in the comment section that this member is accessing the supplemental PERS service.

- Care Coordinators are to be clear in their communication with providers related to the maximum length of this service, which is up to 180 days.

NOTE: CC will needs to confirm with the provider that the service has stopped by the end date of the authorization as more than 180 days of PERS will be allowed under this supplemental benefit.
When to Submit a Request for Benefit Exception

- Request for services above the 180 days of PERS are not to be sent into Medica as a benefit exception request as that would be over the supplemental benefit limit.

Considerations:
- Has the member had a change of condition to warrant a reassessment to determine if Nursing Facility level of care is met and whether it is appropriate for the member to be opened to the Elderly Waiver?
- Is this service necessary for the health, welfare and safety of the member?
- Does the service enable the member to function with greater independence?
- Is the service of direct and specific benefit to the member (sole utility of the member)?
- Is this the most cost effective solution?
- Are there other formal, informal or quasi-formal services which can meet the identified need?

References:
2019 Dual Solution Annual Notice of Change (ANOC)